

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

November 10, 2009

MEMORANDUM

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: JOHN A. LIVERATTI, CHIEF OF COMPLIANCE *Patty Thompson for John Liveratti*

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 1300 – DME, DISPOSABLE SUPPLIES AND SUPPLEMENTS

BACKGROUND AND EXPLANATIONS

Revisions have been made to Medicaid Service Manual (MSM), Chapter 1300, Durable Medical Equipment, Disposable Supplies and Supplements by placing the following clinical policies for Orthotics, Prosthetics, Enteral Nutrition Supplies and Equipment, Total Parenteral Nutrition, Home Based (Outpatient) Terbutaline Infusion Pump Therapy, Diabetic Supplies and Incontinent Supplies into APPENDIX B of this chapter. These changes will be effective upon approval of the Public Hearing.

MATERIAL TRANSMITTED

CL 11678

CHAPTER 1300 – DURABLE MEDICAL
EQUIPMENT, DISPOSABLE SUPPLIES
AND SUPPLEMENTS

Sec. 1303.6

Added “SECTION RESERVED FOR
FUTURE USE”

Sec. 1303.7

Added “SECTION RESERVED FOR
FUTURE USE”

Sec. 1303.8.d.4

MATERIAL SUPERSEDED

MTL 27/03, 14/07, 10/09

CHAPTER 1300 – DURABLE MEDICAL
EQUIPMENT, DISPOSABLE SUPPLIES
AND SUPPLEMENTS

Deleted section and definition for
“Orthotics”

Deleted section and definition for
“Prosthetics”

Deleted “4. Diabetic equipment and
supplies are not covered under Nevada
Medicaid’s DME program. These services
are covered under Nevada Medicaid’s

pharmacy program and must be billed through Point of Sale (POS)."

Sec. 1303.8.d.5

Deleted "5. Disposable diapers are not covered for any individual under the age of 3 years unless the child is diagnosed as Human Immune Deficiency Virus (HIV) positive or Acquired Immune Deficiency Syndrome (AIDS), with accompanying gastro intestinal abnormality causing frequent or intractable diarrhea which is documented by the prescribing physician. The request must be prior authorized. Diapers for recipients over the age of 3 years do not require PA unless quantity limitations (300/month) are exceeded. The recipient must have a diagnosis of incontinence."

Sec. 1303.10

Added "SECTION RESERVED FOR FUTURE USE"

Deleted section and definition for "ENTERAL NUTRITION SUPPLIES AND EQUIPMENT"

Sec. 1303.11

Added "SECTION RESERVED FOR FUTURE USE"

Deleted section and definition for "TOTAL PARENTERAL NUTRITION"

Sec. 1303.12

Added "SECTION RESERVED FOR FUTURE USE"

Deleted section and definition for "HOME BASED (OUTPATIENT) TERBUTALINE INFUSION PUMP THERAPY"

Appendix B

Added "Diabetic Equipment and Supplies"

Added "Diabetic equipment and supplies, such as Glucometers, Test strips, Lancet Device and Lancets, Insulin syringes for self-injection are not covered under Nevada Medicaid's DME program. These supplies are covered under Nevada Medicaid's pharmacy program and must be billed through the Point of Sale (POS). Refer to Chapter 1200, Pharmacy Services."

Appendix B

Added new table for “NUTRITION AND
RELATED SERVICES”

Appendix B

Added new table for “ORTHOTIC AND
PROSTHETIC DEVICES”

Appendix B

Added new table for “DISPOSABLE
INCONTINENT SUPPLIES”

Appendix B

Added new table for “HOME-BASED
TERBUTALINE INFUSION PUMP
THERAPY”